



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/28/2014

Business ID: 279266

William M. Gardner

Secretary of State

DANIEL WEBSTER ANIMAL HOSPITAL, P.L.L.C.

3 HAWTHORNE DRIVE  
BEDFORD, NH 03110

## ADDRESS OF PRINCIPAL OFFICE:

3 HAWTHORNE DRIVE  
BEDFORD, NH 03110

## REGISTERED AGENT AND OFFICE:

CLEVELAND, WATERS AND BASS, P.A.  
2 CAPITAL PLAZA  
CONCORD, NH 03301

ENTITY TYPE: PROFESSIONAL LLC

BUSINESS ID: 279266

STATE OF DOMICILE: NEW HAMPSHIRE

VETERINARY HOSPITAL

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Barbara Fowke Heald Dvm

STREET 3 Hawthorne Drive

CITY/STATE/ZIP Bedford Nh 03110

MEMB. Edward Patrick Rooney Dvm

STREET 3 Hawthorne Drive

CITY/STATE/ZIP Bedford Nh 03110

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member for the entity type of a PLLC.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.  
All the members and managers are qualified persons with respect to the professional limited liability company.

Sign here:

Beth Margenau

Please print name and title of signer:

Beth Margenau

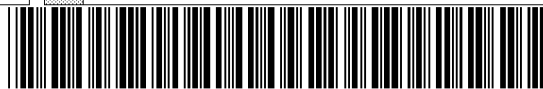
/ AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



027926620141000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301